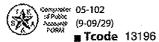
Filing Number: 14515200



TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT



To be filed by Corporations and Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

Taxpayer number	T Nepo	ort year	_		-		52 and 559, Gove	
1 7 4 0 6 5 5 4 2 1 6	2	0 1	1 ~ 1		•		we have on file o -1381, toll free no	-
GREER CAPITAL CORPORATION	ON		L			<u></u>		
Mailing address 9000 HEMPSTEAD SUITE 200					_		y of State file nu	
ity HOUSTON State	TX	TV ZI			P Code Plus 4 77008		Comptroller file number 0014515200	
) Blacken circle if there are currently no changes from previo					plate the applie			
rincipal office	ous year, it not	шонтанс	m is dispiay	ea, com	piere me appir		ii iii Sections A, B	ano C.
9000 HEMPSTEAD SUITE 200, I	HOUSTON	I, TX, 7	7008					
rincipal place of business 9000 HEMPSTEAD SUITE 200, I	HOUSTON	I, TX, 7	7008				•	
Officer, director and member info Report is completed. The information report. There is no requirement officers, directors, or members characteristics.	tion is update r procedure fo ange through	ed annual or supple out the y	lly as part o menting the ear.	of the fra	inchise tax		84 ASIMI AIIMI AIIX: SIB38 118	ni (injin alikna 14 kW3 lete
SECTION A Name, title and mailing address of each office lame	er, director o	r memb	er.		Director	T	1740655421615 m m d	d y
MARK NINI		DDEGI	DENT		YES	Term		
		PRESIDENT				expiration _	17/0	
Mailing address 9000 HEMPSTEAD 200	City	HOUSTON				State ZIP code 77008		
lame	Title				Director	Term [m m d	d y
JAMES H GREER		DIREC	CTOR		YE\$	expiration		
Mailing address 9000 HEMPSTEAD 200	City		HOUST	ON		State TX	ZIP coo	e 77008
ame	Title				Director		m m d	d y
					O YES	Term expiration		
failing address	City		··-···		<u> </u>	State	ZIP cod	e
ECTION B Enter the information required for each corpora	ation or LLC if	fany in u	which this a	entity ou	une an interest	of top percent	(1004) or more	<u></u>
lame of owned (subsidiary) corporation or limited liability co			of formatio				fany Percentag	e of Ownersh
NONE lame of owned (subsidiary) corporation or limited liability co					.		_ 1	
lame of owned (subsidiary) corporation of firmled liability co	трапу 	State c	of formatio	[1	llexas SO	5 me number,	f any Percentag	a OI OMilerai
ECTION C Enter the information required for each corp	oration or LL	C, if any,	that own	an inte	erest of ten pe	rcent (10%) o	r more in this e	ntity or limit
liability company. lame of owned (parent) corporation or limited liability comp	anv	State o	f formatio	<u> </u>	Texas SO	S file number. I	fany Percentag	of Ownersh
NONE	<u> </u>							
egistered agent and registered office currently on file. (See i gent: MARK NINI	nstructions if y	ou need t	o make ch	inges)			eed forms to cha or registered offi	
ffice: 9000 HEMPSTEAD 200			City	ш.	DUSTON	State		^{Code} 75008
he above information is required by Section 171.203 of the Tax Code	for each corpor	ation or lin	nited liabilit			as Franchise Tax		
or Sections A, B, and C, if necessary. The information will be available i	<u> </u>						<u> </u>	
declare that the information in this document and any attachments i. een mailed to each person named in this report who is an officer, dir								
ion	Tit	tle			Date	P	rea code and pi	one numbe
ere/ MARK NINI	· <u> </u>	PRE	SIDEN	Γj			(713) 869	- 0298
Tex	kas Compt	roller C	Official (lse On	ly	:		14.5
						VE/DE (PIR IND	·